

POWER OF ATTORNEY OR REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 35%;">Application Number</td> <td>10/734,535</td> </tr> <tr> <td>Filing Date</td> <td>11-Dec-2003</td> </tr> <tr> <td>First Named Inventor</td> <td>Ron Porat</td> </tr> <tr> <td>Title</td> <td>Method of bit allocation in...</td> </tr> <tr> <td>Art Unit</td> <td>2416</td> </tr> <tr> <td>Examiner Name</td> <td>ELPENORD, CANDAL</td> </tr> <tr> <td>Attorney Docket Number</td> <td>9234</td> </tr> </table>	Application Number	10/734,535	Filing Date	11-Dec-2003	First Named Inventor	Ron Porat	Title	Method of bit allocation in...	Art Unit	2416	Examiner Name	ELPENORD, CANDAL	Attorney Docket Number	9234
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I hereby revoke all previous powers of attorney given in the above-identified application.

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Country			
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I am the:

☐ Applicant/Inventor.
OR
☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) (Form PTO/SB/06) submitted herewith or filed on February 10, 2009.

SIGNATURE of Applicant or Assignee of Record

Signature	Date
Name	February 10, 2009
Title and Company	Telephone
V.P. Chief Patent Counsel, Entropic Communications Inc.	858-768-3679

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ *Total of 2 forms are submitted.

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